

HOW YOUR SUPPORT

SAVES LIVES

Case Study – Kala Azar in Southern Sudan

© CÉDRIC GERBEHAYE / MAGNUM FOUNDATION EMERGENCY FUND / VU

PAGE

64



SOUTH SUDAN

A kala azar patient is tended to in Jonglei State. (This page and opposite)



© CEDRIC GERBEHAYE / MAGNUM FOUNDATION EMERGENCY FUND / VU

In 2010, South Sudan witnessed a massive outbreak of kala azar, or visceral leishmaniasis, a neglected and potentially fatal disease transmitted by the bite of a sand fly. By the end of the year, MSF teams had treated five times as many patients in Upper Nile, Unity, and Jonglei states as they did the previous year.

Three-quarters of the population in this region has no access to medical care, and the health system was ill-equipped to deal with this emergency. Many victims had been among the thousands who returned home from northern Sudan to vote in the January 2011 referendum on independence, and who, having lived far from home for so long, lacked immunity to the disease.

At its treatment facility in Lankien, MSF treated six times as many patients as it did the previous year. As more sick people presented at local health facilities, MSF opened new referral and treatment sites at the teaching hospital and in clinics in the neighboring town of Malakal. There, MSF screened 2,133

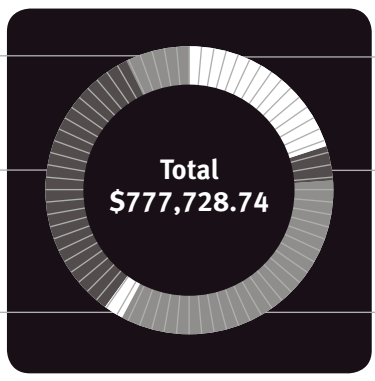
people and treated 1,392, with a cure rate of 95.7 percent. Malakal was also a staging point for outreach activities to remote villages, where MSF provided supplies, training, and supervision to Ministry of Health facilities.

Kala azar treatment requires patients to spend up to 30 days in the hospital, where they receive painful intramuscular injections of a drug called SSG each day. The preferred drug, Ambisone, is extremely costly and requires constant refrigeration, making it difficult to offer widely in regions that lack reliable infrastructure. MSF reserved this treatment for patients who are unable to tolerate SSG—those co-infected with HIV and pregnant women.

The emergency kala azar response in Malakal cost \$777,728.74.¹ The table below provides a breakdown of how funds were allocated to save lives in an outbreak of a devastating neglected disease in a remote and underserved part of the world.

MALAKAL KALA AZAR PROJECT 2010

- Operation Costs (office, supplies) 7%
- Medical and Nutrition Supplies 33%
- Consultants, Field Support & Misc. 2%



- 20% Transportation
- 4% Logistics & Sanitation
- International & National Staff Expenses & Training 34%

¹ Amounts converted from Euros using the exchange rate as of December 31, 2010, \$1 = €1.34019